Docket No.: PF-0526 USN

Certificate of Mailing

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelo addressed to: Mail Stop-Non-Fee Am Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on June Printed: Katherine Stofer

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Tang et al.

Title:

**HUMAN TRANSMEMBRANE PROTEINS** 

Serial No.:

09/700,590

Filing Date:

April 16, 2001

Examiner:

Seharaseyon, J.

Group Art Unit:

1647

Mail Stop: Non-Fee Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

## RESPONSE TO OFFICE ACTION

Sir:

This paper is responsive to the Office Action dated March 25, 2003. Applicant(s) request reconsideration of the above-referenced patent application in view of the following amendments and remarks.

## IN THE CLAIMS

Please amend claims 21, 22, 25, 29, and 31 as follows.

For the Examiner's convenience, all pending claims are listed below. Attached hereto is a marked-up version of the changes made to the claims by the current amendment. The attached page is captioned "VERSION WITH MARKINGS TO SHOW CHANGES MADE."

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09/700.590

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Printed: AND TRADEMARK OFFICE Docket No.: PF-0526 USN

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In re Application of:

Title:

**HUMAN TRANSMEMBRANE PROTEINS** 

Serial No .:

09/700,590

Filing Date:

April 16, 2001

Examiner:

Seharaseyon, J.

Group Art Unit: 1647

Mail Stop: Non-Fee Amendment Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

## TRANSMITTAL FEE SHEET

Sir:

Transmitted herewith are the following for the above-identified application:

- 1. Return Receipt Postcard;
- 2. Response to Office Action (37 pp.);
- 3. Eleven (11) References No. 1-11;
- 4. Two (2) Exhibits A and B;
- 5. Bedilion Declaration; and
- 6. Eight (8) Tabs A-H.

The fee has been calculated as follows:

Claims	Claims After Amendment		Claims Previously Paid For		Present Extra	Other T Small E ate		Ac	dditional Fee(s)
Total	20	-	20	=		x\$18.00		\$	0
Indept.	2	-	3	=		x\$84.00		\$	0
First Presentation of Multiple Dependent Claims:						+280.00		\$	0
							Total Fee:	\$	0

X No additional Fee is required.

The Commissioner is hereby authorized to charge any additional fees required under 37 CFR 1.16 and 1.17, or credit overpayment to Deposit Account No. 09-0108. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

INCYTE CORPORATION

Date: June 24,

Burn Dune

Barrie D. Greene Reg. No. 46,740

Direct Dial Telephone: (650) 621-75763160 Porter Drive

Palo Alto, California 94304

Phone: (650) 855-0555 or Fax: (650) 845-4166

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